characteristics. The fundamental microscopic features were: (A) Growth causing neoplastic cell nests and masses. (B) Presence of large areas of necrosis. (C) Large areas of hemorrhage. (D) Expansive and infiltrative growth between previous tissues, including skeletal muscle, adipose and connective tissue, nerves and vascular structures. (E) Cytological features typical of melanotic neoplasm (polygonal or ovoid cells, nuclei with nucleoli voluminous, cytoplasm with variable amount of melanin pigment, frequent mitoses, typical and atypical growth in perivascular rosettes and foci of necrosis and hemorrhage. (F) Variable amount of stromal melanophages and inflammatory elements, as well as presence of spindle cells of fibroblastic–myofibroblastic appearance. In all groups revealed changes in the expression of immunoreactivity for CD34 in the spindle cells, so that fibroblasts CD34+ present in areas tissue away from the neoformation were sparse in the stroma peri and intratumoral, while in its, most acquired myofibroblastic phenotype, positive for α-smooth muscle actin.
Conclusion. Slower growth in irradiated bed is not dependent on the numbers of activated fibroblasts in the TME, because, there are not significant differences in the number of myofibroblasts in irradiated and non-irradiated stroma tumor.

http://dx.doi.org/10.1016/j.rpor.2013.03.369

Case report: Thymoma, Good's syndrome and aplastic anemia

Y. Ruiz Ruiz, I. Rincon Pérez, E. Montero Perea, J. Peinado Serrano, M. Ortiz Gordillo
Hospital Universitario Virgen del Rocio, Oncología Radioterápica, Spain

Abstract. The association of thymoma, with myasthenia gravis, pure red cell aplasia and hypogammaglobulinemia (Good's syndrome), has been described. We report a case of a 59 years old men who after a surgical resection of a thymoma had several symptoms and study shower hypogammaglobulinemia. The forgotten association of thymoma and malignancies is of a great clinical significance. Evidence linking thymoma with other neoplasms is provided by the clinical literature. Thymoma is a tumor most common in the anterior mediastinum. Associated entities, commonly called cos paratími syndromes. The most common is the association with myasthenia gravis (15%). The association with aplasia pure red cell (APSR) is 5–10% and in immunodeficiency called Good syndrome (GS), about 5%. The OS was first described by Dr. Robert Good in 1954, is characterized by hypo very gammaglobulinemia and B lymphocytes and decreased nuidos aplasia and anemia in patients with thymoma.
Objective. Review the treatment of TSG doing a literature review in Medline, report of a case.
Method and results. A review of Medline, entering as keywords THYMOMA, GOOD SYNDROME, APLASTIC ANEMIA, analyzing the types of treatments published. History oncology: male patient is 59 years old, with a history of morbid: acute bronchial syndrome, which Hematology tracking by serial red aplasia requiring frequent transfusions, CT scan is where objective: great mediastinal mass infiltrating behavior , occupying the right lateral side of the anterior and middle mediastinal. She underwent right sternotomy. Resection of a large tumor in the anterior mediastinum. Immunohistochemistry: CKAE1: positive. CK/18 positive diffuse neoplasia. CD3/(+), CD5 (+), CD20 (–) CD99 (–), TdT (+), Ki-67: (5%). AP: AB thymoma. We studied the case and decided adjuvant external radiotherapy in tumor bed, with energy 6 MeV and 3D art, receiving 45–1.8 Gy fractionation per session with good tolerance.
Conclusions. Thymoma is associated with a risk of developing malignancies extratímicas also debuting with paraneoplastic syndrome, myasthenia gravis, aplastic anemia radiotherapy combined with excision of the tumor, seems to be an effective and well tolerated in this tumor type, offering local control with a total radiation dose well tolerated, as in the published protocols literature.

http://dx.doi.org/10.1016/j.rpor.2013.03.370

Catalan-occitan oncologic group (GOCO) survey on management of radiotherapy interruptions

J. Solé
Institut Oncològic del Vallès/Oncologia Radioteràpica, On behalf of the Catalan-Occitan Oncologic Group (GOCO), Spain

Background/objective. Some countries have published an overview of the national status regarding the management of interruptions to radiotherapy treatments. The objective of this work is to describe this situation in our area.
Methods. In order to obtain a preliminary overview of the current status regarding the management of radiotherapy interruptions in our area, a short questionnaire was sent to all GOCO radiotherapy departments (18 Radiation Oncology Departments in Catalonia, Midi-Pyrénées and Languedoc-Roussillon).
Results. A comprehensive survey on management of radiotherapy interruptions in GOCO radiation oncology departments has been conducted A total of 18 replies were received giving a response rate of 100%. The results of the survey are detailed in this work.
Conclusion. This survey has allowed us to know how to handle interruptions in GOCO Radiation Oncology Departments.

http://dx.doi.org/10.1016/j.rpor.2013.03.371